

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

RECEIVED

NOV 19 2017 *bw*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Louis E. Gallet #B18477

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

1:17-cv-08209
Judge Edmond E. Chang
Magistrate Judge Daniel G. Martin
PC11

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No:

(To be supplied by the Clerk of this Court)

WestEnd Health Services, Inc.,

J. Kelly, Mirsht, Williams,

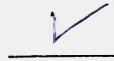
WNC, John R. Baldwin, Sarah Johnson,

Stateville CC, Randy Pfister, David

Mansfield,

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)



COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)



OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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I. Plaintiff(s):

- A. Name: Louis E. GULLEY
- B. List all aliases: DIA
- C. Prisoner identification number: B18477
- D. Place of present confinement: Stateville Correctional Center
- E. Address: P.O. Box 112, Joliet, Illinois 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Wexford Health Sources Inc.
Title: Medical and Mental Health Care Provider
Place of Employment: Stateville Correctional Center
- B. Defendant: Jonathan Kelly
Title: Psychiatrist
Place of Employment: Stateville Correctional Center
- C. Defendant: Mirsky
Title: Psychiatric Administrator
Place of Employment: Stateville Correctional Center

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

ii. Defendants:

D. Defendant: L. Williams

Title: Physician's Assistant

Place Of Employment: Stateville Correctional Center

E. Defendant: John R. Baldwin

Title: Acting Director of IDOC

Place Of Employment: IDOC - Springfield

F. Defendant: Sarah Johnson

Title: Administrative Review Board Member

Place Of Employment: IDOC - Springfield

G. Defendant: Randy Pfister

Title: Chief Administrative Officer - Warden

Place Of Employment: Stateville Correctional Center

H. David Mansfield

Title: Grievance Officer

Place Of Employment: Stateville Correctional Center

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: LOUIS E. GULLEY v.
1:17-cv-07656 STATEVILLE CC, et al

B. Approximate date of filing lawsuit: OCTOBER 23, 2017

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: LOUIS E. GULLEY # B18477

D. List all defendants: _____

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): US DIST. COURT NORTHERN DIST., EASTERN DIV

F. Name of judge to whom case was assigned: Edmond E. Chang
MAGISTRATE DANIEL G. MARTIN

G. Basic claim made: Eighth Amendment - Cruel And Unusual
Punishment & Deliberate Indifference

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): STILL PENDING

I. Approximate date of disposition: Still Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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On 4-28-17 I filed a grievance once I found out about all of the side effects to the medications Defendant Kelly put me on, additionally I filed the grievance as an emergency and when that denied I went through the normal procedure (see Grievance/Grievance Officer Response/ARB Director Response Ex. A). On 4-22-15 Defendant Kelly put me on Risperdal, Remeron and Depakote without informing me of their side effects (see Treatment Plan/Progress Note Ex. B). Side effects are: Risperdal - gynecomastia, sedation, restlessness, dry mouth, muscle stiffness, tremor, abdominal muscular movements, sexual dysfunction, elevated lipids, elevated blood sugar, heart irregularities; Remeron - sedation, weight gain, increased appetite; and Depakote - tremor, stomach upset, easy bruising, hair loss, weight gain & sedation. On 6-17-15 I saw Defendant Kelly with two side effects listed weight gain & restlessness (see Progress Note Ex. C). On 9-23-15 I was Defendant Kelly three side effects listed weight gain, restlessness & tremors (see Progress Note Ex. D). On 1-12-16 I saw Defendant Kelly with a side effect of restlessness (see Progress Note Ex. E). On 4-27-16 I saw Defendant Kelly with three side effects tremors, dry mouth & muscle stiffness (see Progress Note Ex. F). On 4-27-16 Defendant Kelly GAVE me an IDOC Memorandum that listed medications and side effects, however gynecomastia was not listed (See

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Psychotropic Medication Information Sheet Ex. G). On 3-8-17 I saw Nurse Practitioner L. Nathan who II informed I had stiff muscles¹ asked about other side effects; upon giving me another form identical to Ex.G she noticed those side effects missing: Gynecomastia, Galactorrhea, pituitary tumors, breast cancer, osteoporosis, metabolic syndrome, hypertension, diabetes mellitus, diabetic ketoacidosis, hyperglycemia² insulin insufficiency. This prompted not only me but also N.P. Nathan to discontinue Risperdal and Depakote (see Progress Note Ex. H). Between 4-22-15 and 3-8-17 I had experienced and/or complained of weight gain, increased appetite, sleep deprivation, sore breast tissue, larger breast tissue, tremors and muscle stiffness as is documented in the exhibits APPended hereto. Defendant Kelly did not inform me of the side effects of Risperdal³ Depakote; Defendant Wexford failed to adopt a Policy or practice fully advising and informing me of the side effects of anti-psychotic drugs like Risperdal and Depakote over the course of twenty-three months; Defendant Wexford knew that its custom, practice, and Policy of informing me only of some of the side effects of Risperdal and Depakote could result in me suffering from a serious medical condition; Defendants Kelly, Wexford, Mirsky,

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and Williams knew of the substantial risk that Risperdal could cause gynecomastia and rapid, long-term weight gain that could make it difficult to detect gynecomastia; Defendants Baldwin, Johnson, Pfister & Mansfield were in direct knowledge of the Risperdal side effects pursuant to Ex. G and were still deliberately indifferent in failing to rectify the situation. Per my grievance and this complaint I am suffering significant bodily and mental injuries, mental anguish, disfigurement, disfigurement, embarrassment, and inconvenience. Consolidate the above with the new "Subjective Symptoms" and physical symptoms I don't know what's wrong with me and I'm afraid.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

1-That I be awarded compensatory & punitive damages
against each defendant; 2-That I undergo a full battery
of medical testing to ascertain whether or not I need surgery
or other treatment as an injunction against the defendants;
~~3-That I be awarded costs, attorney's fees etc... Pursuant~~
~~to 42 USC § 1988; 4-Any other relief deemed just by this Court.~~

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 02 day of Nov, 2007

Louis Golley
(Signature of plaintiff or plaintiffs)

Louis E. Golley
(Print name)

B18477
(I.D. Number) Stateville CC

P.O. Box 112
Toliet, Illinois 60434
(Address)

3415 EX A

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

3415

Date: 4-28-2017	Offender: (Please Print) Louis Gulley	ID#: B-18477
Present Facility: Stateville C.C.	Facility where grievance issue occurred: Stateville C.C.	

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time
 Staff Conduct Dietary Medical Treatment
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator
 Disciplinary Report: / / Date of Report

RECEIVED STATEVILLE C.C. JUL 26 2017 GRIEVANCE DEPARTMENT BY: H431	<input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> HIPAA <input type="checkbox"/> Other (specify) MAY - 12017
Facility where issued: 1225	

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

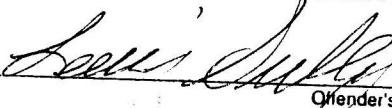
Counselor, unless the issue involves discipline, is deemed an emergency or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I'm filing this grievance against against Mental Health Doctor's. I'm not sure of the exact dates, but I believe it was around (4-22-15). I was prescribed psychiatric medication from around (4-22-15) until - April - 2017. I have been refusing the (Risperdal) every since, I became knowledgeable about (Gynecomastia). I been having serious chest pain, but I didn't know where the source of the problem was coming from and my chest became lopsided on the right chest. I discovery this is

Relief Requested: I'll wants people be inform of this (Gynecomastia) side effect of Risperdal any Doctor or legal fee and whatever do to me for my pain suffering. Immediately treatment

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.


Offender's Signature

B-18477

ID#

04/28/2017
Date

(Continue on reverse side if necessary)

Date Received: / /	Counselor's Response (if applicable)	
	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____	RECEIVED	
Print Counselor's Name _____	Counselor's Signature _____	Date of Response / /

EMERGENCY REVIEW

Date Received: 5/1/17

Is this determined to be of an emergency nature?

Yes; expedite emergency grievance

No; an emergency is not substantiated.
Offender should submit this grievance in the normal manner.


Chief Administrative Officer's Signature

5/1/17
Date

EX. A

a side effect to this (Risperdal) psychiatric medication (Gynecomastia) or swelling of breast tissue in men that cause chest pain. Dr. Kelly or any other Doctor didn't warn me of the side-effect before prescribing this medication (Risperdal) to me. If I would have known that (Risperdal) cause (Gynecomastia) that would increase the size of my breast (chest) tissue I wouldn't have agree to take the medication, if I was(warn) a head of time of the side of effect. It's embarrassing to take a shower and mens looking at your chest like you'er deform or disfigured. Whatever the treatment is to correct what the (Risperdal) medication did. And be seen by the nurse or doctor for this pain and tissue growth in my chest with-out the co-pay because this pain have been on-going.

**ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE**

Grievance Officer's Report

Date Received: 7/26/17

Date of Review: 8/07/17

Grievance # H431, 1225

Committed Person: Louis Gulley

ID #: B18477

Nature of Grievance: Medical Treatment

Facts Reviewed: Grievant claims on a grievance dated 4/28/17 that around 4/22/15 he was prescribed psychiatric medication until April 2017. Offender claims that he was been refusing Risperdal since he became aware of gynecomastia. Offender claims that he had been experiencing chest pain. Offender claims that a side effect of Risperdal is gynecomastia or swelling of breast tissue in men which causes chest pain. Offender claims that he was not warned about this side effect of Risperdal and had he known about it he would not have agreed to take it. Offender claims that he is embarrassed to take a shower due to his chest condition and requests to be seen by medical staff."

Grievance Officer finds that according to Psych Administrator Dr. Mirsky "Offender was seen by psychiatry on 7/15/17."

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

Recommendation: Denied as grievant appears to be receiving medical care at this time. Offender is advised to sign up for sick call in order to address any medical issues or concerns.

David Mansfield, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

David Mansfield, CCII

Comments:

Chief Administrative Officer's Response

Date Received: 8.9-17

 I concur I do not concur Remand

Chief Administrative Officer's Signature

8.9-17

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

Bruce Rauner
Governor

E-X-A



John Baldwin
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Gulley, Louis

Date: 10/5/17

Register # B18477

Facility: Stateville

This is in response to your grievance received on 8/21/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 4/28/17 Grievance Number: H431,1225 Griev Loc: Stateville

- Transfer denied by the Facility or Transfer Coordinator
- Dietary _____
- Personal Property _____
- Mailroom/Publications _____
- Assignment (job, cell) _____

- Commissary _____
- Trust Fund _____
- Conditions (cell conditions, cleaning supplies)
- Disciplinary Report dated _____
Incident # _____
- Other Medical - side effect of gynecomastia due to Resperdal.

Based on a review of all available information, this office has determined your grievance to be:

- Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- Denied, in accordance with DR504F, this is an administrative decision.
- Denied, this office finds the issue was appropriately addressed by the facility Administration.
- Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)
- Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision.

- Denied as the facility is following the procedures outlined in DR525.
- Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
- Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other: Most, as the medication has been discontinued offender is being seen for his medical concerns

FOR THE BOARD: Sarah Johnson

Sarah Johnson
Administrative Review Board

CONCURRED: John R. Baldwin

John R. Baldwin
Acting Director

CC: Warden, Stateville Correctional Center
L. Gulley, Register No. B18477

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

Consent: 2-24-15

Airs: 2-24-15

B410

EX. B

ILLINOIS DEPARTMENT OF CORRECTIONS

MENTAL HEALTH PROGRESS NOTE

Offender Name:

GULLEY, LOUIS

Last, First, MI

ID#: B18477

DOB: 7-30-68

S = subjective, offender self-report of presenting problem; **O** = objective, clinician view of presenting problem; **A** = assessment, clinician assessment of offender; **P** = plan, current plan, link to treatment plan

Session Date/Time: 4-22-15 / 11-210

Session Duration: 1 hr

Appearance: Appropriate Inappropriate
Behavior: Appropriate Inappropriate
Mood: Appropriate Inappropriate AVOIDANT EYE CONTACT
Affect: Appropriate Inappropriate flat

Concentration: Appropriate Inappropriate
Memory: Appropriate Inappropriate
Speech: Appropriate Inappropriate
Thoughts: Appropriate Inappropriate

Subjective, Objective, Assessment
SUBJECTIVE SYMPTOMS-

WGT 248 lbs.

NO S, NO SI, HI, PAR ID

④ AH - "laugh at me" ② VH ④ SCARED OF

④ ANX, angry mood swings HEIGHTS

, racing thoughts, distractible, sleep - "ah"

PSYCH MEDS - Depakote 500mg bid

Remeron 15mg QHS

COMPLIANCE - miss dose 2-3x/wk -

"I be sleeping"

SIDE EFFECTS - none

MEDICATION ALLERGIES - NKDA

MEDICAL PROBLEMS - none now.

BLOOD TEST RESULTS -

3-31-15 VPA LFT's PTT CT T.BILI HIV

<10 mg/dL ALT 117 ng/dL 71.8 MR

MENTAL STATUS EXAM (OBJECTIVE) -

Objec no mania, depressive psychom.

No SI, HI. I/J fair I/J intent now.

AXIS I Bipolar Dis. wsp

II delusional Psychotic Dis. wsp.

III manic now

IV incarceration

V 68

Plan Told I/H he needs to lose weight

get belt size ≤ 40 in -

He said belt size worn 46-48 in

there ④ depression 7 on 0-10

meds "do help" - wants t Depakote,

all at night, cont Remeron;

take Risperidol for H/H.

R

Medic RISPERIDOL 2mg QHS

↑ DEPAKOTE 1500mg QHS

REMERON 15mg QHS

Blood tests ordered:

VPA CBC, plate ct, LFT's.

Told I/H remeron.

P/I 4 wks.

ILLINOIS DEPARTMENT OF CORRECTIONS

Mental Health Treatment Plan

Offender Name: GULLEY LOUIS

Facility _____
ID#: B18427

7-30-68

D.O.B.: 1-30-68

Initial Treatment Plan

Notes/Additional Information:

Ex. B

Ex. B

ILLINOIS DEPARTMENT OF CORRECTIONS
Mental Health Treatment Plan

Offender Name: GULLEY, LOUISID#: B18477D.O.B.: 7-30-68

Treatment Plan Review

(If new problems are established a new DOC 0284 should be completed)

Problem # (From Initial Treatment Plan)	Was the treatment goal met?	If yes, provide date goal was met.	If treatment goal was not met, will it continue as a focus of treatment? (If no, an explanation should be provided in the comments.)	Comments
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information:

RITPEROL 2mg QHSREMERON 15mg QHS7 Depakote 1500mg QHS

Confidentiality Disclosure Statement

I understand there are limits to confidentiality within a correctional setting. I understand that the treating Mental Health Professional is required to disclose any information regarding: Suicidal, Homicidal, and Self Injurious Ideation; Unreported Child or Elder Abuse/Neglect; Safety and Security Issues; and may disclose information for the purposes of Multidisciplinary Team Consultation or Placement Issues.

I have been informed of how to access available emergency mental health staff if I have a crisis, including an urge to hurt myself or others.

I understand my treatment responsibilities include participating in the treatment program and alerting correctional staff to any problems or issues that may arise as the result of treatment. Treatment may include psychiatric evaluation and treatment, individual or group psychotherapy sessions, and sex offender and/or substance abuse evaluation and treatment. I agree to honor the confidentiality of other group members, if applicable.

Consent to Treatment

I voluntarily consent/accept that I receive treatment provided by the below listed professional and their designated assistants. My signature below constitutes formal acceptance of therapeutic services. I understand that this consent is voluntary and I may revoke my consent at any time. I also understand my right to grieve this plan at any time.

The nature and extent of the intended and probable consequences of refusal have been explained to me.

- I agree with this treatment plan
 I do not agree with this treatment plan

Offender Signature

Date

 Check if offender refuses to sign. Provide reason:

Clinician Name (Print)

J. Kelly, RNP.SYCHIATRIST

Title

Clinician Signature

Date

4-22-15

Consent: 4-22-15



B415

ILLINOIS DEPARTMENT OF CORRECTIONS

MENTAL HEALTH PROGRESS NOTE

A May no T.P.

Offender Name: GULLEY LOUIS
Last, First, MIID#: B18477DOB: 7-30-68

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 6-17-15 24E - 25ESession Duration: 2 hr

Appearance:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Behavior:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Mood:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Affect:	<input type="checkbox"/> Appropriate	<input checked="" type="checkbox"/> Inappropriate

Concentration:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Memory:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Speech:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Thoughts:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate

Subjective, Objective, Assessment
SUBJECTIVE SYMPTOMS-

WT: 250 lbs.
HT: 5'9"

Now, most HI, racing thoughts
④ AN, ④ VH of the brain ④ PR in
④ Drowsy and always drowsy, sleepy,
④ depression 8 on a 10

PSYCH MEDS- Depakote 1500mg QHS

Risperidol 2mg QHS

Ramipril 15mg QHS

COMPLIANCE- Promptly daily

SIDE EFFECTS- "dry mouth", diarrhea

MEDICATION ALLERGIES- AKD, A

MEDICAL PROBLEMS- none now

BLOOD TEST RESULTS-

5-15-15 VBA AST, ALT (flat it tall in month)
63.3 mg/dL

F/U 3 mos

MENTAL STATUS EXAM (OBJECTIVE)- Avoids eye

contact, flat affect. No angry mood, depression,
mania, psychosis. I/J limited. F/c intact aware

AXIS I BIPOLAR DISORDER

II PSYCHOTIC DISORDER Deferred

III None now

IV Insomia

V 78

Plan

} "do help sometimes" - I/r want to
stay on same dose of med.

Med- Depakote 1500mg QHS

Risperidol 2mg QHS

Ramipril 15mg QHS

Blood tests due in 3 mos.

Clinician Name (Print): DR. KELLY

Signature: J. Kelly, Jr.
Title: MD. PSYCHIATRIST

Comment: 4-22-15
A/Hs: 6-17-15
B415

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTE

A/Hs: no T.R.

Offender Name: GULLEY, Louis
Last, First, MI

ID#: B18477

DOB: 7-30-68

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 9-23-15 11th - 11²⁵

Session Duration: 74m

Appearance: Appropriate Inappropriate
Behavior: Appropriate Inappropriate
Mood: Appropriate Inappropriate
Affect: Appropriate Inappropriate

Concentration: Appropriate Inappropriate
Memory: Appropriate Inappropriate
Speech: Appropriate Inappropriate
Thoughts: Appropriate Inappropriate

Subjective, Objective, Assessment
SUBJECTIVE SYMPTOMS-

WGT: 245 lbs

flat

(+) AH of the "devil" - "says God won't help me"

(+) VH of "the devil watching me" (P) 10

Normal swing racing thought, distractible, sleep

PSYCH MEDS- Depakote 1500 mg QHS

Risperidol 2mg QHS

Ramipril 15mg QHS

COMPLIANCE- Comply daily

SIDE EFFECTS- "DK" - No gynecomastia, etc.

MEDICATION ALLERGIES- NKPA

MEDICAL PROBLEMS- "DK" - "knee swollen" -
"have put in" to see Medical

BLOOD TEST RESULTS- None

MENTAL STATUS EXAM (OBJECTIVE)- distractible
Objec just angry. Agitated 14 min (P)
No ST, HI. 1/5 limited. 1/6 anxious

AXIS I I BIPOLAR DIS, cusp.
II Psychotic F/S, cusp.

III None now

IV Incoherence

V 68

Plan

4° depression 7 on 0-10

"dohelp" - I/wants to cont. medly at same doc

P

Meda - Depakote 1500mg QHS
Risperidol 2mg QHS
Ramipril 15mg QHS

Blood tests ordered: V/F, CBC, platelets,
LFT's, lipoproteins

F/V 3 mos

Clinician Name (Print): DR. KELLY

Facility: STATEVILLE

Signature: J. Kelly, M.D.
Title: MD, PSYCHIATRIST

Consent: 9-23-15

Aims: 9-23-15

~~EX-1~~

Aims - no T.O.

B415

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: GULLEY LEWIS
Last, First, MI

ID#: B18477

DOB: 7-30-68

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 1-12-16 2:30-2:35

Session Duration: 1 hour

Appearance:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Behavior:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Mood:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Affect:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate

Concentration:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Memory:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Speech:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Thoughts:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate

Subjective, Objective, Assessment
SUBJECTIVE SYMPTOMS-

NOW no SI HI AN VH PAI ID
 "still be fighting the devil - I laughs at me" → I'm decline & Regressed
 (+) RACING THOUGHTS DISTRACTED, SLEEP P 40/
 (+) DEPRESSION "8" on 0-10.

PSYCH MEDS- Depakote 150mg QHS
 Risperidol 2mg QHS
 Remeron 15mg QHS

COMPLIANCE- (+) COMPLY DAILY

SIDE EFFECTS- None

MEDICATION ALLERGIES- NKDA

MEDICAL PROBLEMS- None now

BLOOD TEST RESULTS-

10-13-15 HbA1c AST ALT LDL VPA PLT CT
 mg mg mg mg ml ml ml ml

MENTAL STATUS EXAM (OBJECTIVE)-

Oligo, no mania, depression, ANH
 VH delusion, NO S/P, ETS fair. I/C
 AXIS I Bipolar DISORD;
 Psychotic DIS UNSP.
 II Depressed
 III none now
 IV incarceration
 V 78

Plan
 Mood swings, poor JUDGEMENT
 "I still be fighting the devil - I laughs at me" → I'm decline & Regressed
 P 40/
 "I read Bible - it calms me down"
 "I help" - I'm write same over
 P
 Meds- Depakote 150mg QHS
 Risperidol 2mg QHS
 Remeron 15mg QHS

Blood tests ordered: VPA, LFT's CBC
 glucose, lipids, HbA1c

Told I/11 results

F/u 3 mos

Clinician Name (Print): DR. KELLY

Facility STATEVILLE

Signature: J. Kelly MD
 Title: MD, PSYCHIATRIST

Bruce Rauner
Governor

Ex. 6



Ex. 6

John Baldwin
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

PSYCHOTROPIC MEDICATION INFORMATION

DIRECTIONS:

Your psychiatric provider has prescribed medication used to treat your symptoms. Your medication should be taken according to the directions explained by your provider and if you find yourself not able to take your medications as prescribed, please discuss this with him or her.

ADMINISTRATION:

Psychotropic medication is administered by a nurse either at cell front or when a medication line is called. Under no circumstances should you ever save your psychotropic medication or give it to another offender. If you choose not to take your psychotropic medication, please tell the nurse that you are "refusing". The nurse will then document the refusal and inform your psychiatric provider.

REFUSAL:

If you refuse your psychotropic medications, you will be expected to sign a refusal form.

TYPES OF MEDICATION:

Your psychiatric provider is prescribing medication from different CLASSES of medication. These classes include: antidepressants, anxiolytics (anti-anxiety), mood stabilizers, antipsychotics and side-effect medications

SIDE EFFECTS:

Your psychiatric provider will talk with you about the possible side-effects that you may experience when taking your psychotropic medication. You will find a list of common side effects below. Please inform staff about any of the side-effects you experience from medication.

ALTERNATIVE TREATMENTS:

Your psychiatric provider will talk to you about treatment options which include psychotropic medications in addition to group and individual therapies that are available to you in IDOC based upon your symptoms and level of functioning.

CLASSES OF PSYCHOTROPIC MEDICATIONS

- 1) **Antidepressants:** This class of medications is used to treat both anxiety and depression. Other conditions treated with this class include PTSD and obsessive-compulsive disorder.

a. Prozac/Fluoxetine, Zoloft/sertraline, Paxil/paroxetine, Celexa/citalopram

SIDE EFFECTS MAY INCLUDE: Insomnia, headache, sedation, restlessness, upset stomach, sexual dysfunction, withdrawal syndrome

b. Remeron/mirtazapine

SIDE EFFECTS MAY INCLUDE: Sedation, weight gain, and an increased appetite.

c. Effexor/venlafaxine

SIDE EFFECTS MAY INCLUDE: Insomnia, sedation, elevated BP, sexual dysfunction, headache, vivid dreams & withdrawal syndrome.

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

Ex. 6

- d. Desyrel/Trazodone

SIDE EFFECTS MAY INCLUDE: Dry mouth, morning dizziness, headache, nausea and prolonged painful penile erection.

- 2) **Mood Stabilizers:** This class of medication is primarily used to treat bipolar disorders but also may be used to treat mood swings and impulsivity.

- a. Lithium

SIDE EFFECTS MAY INCLUDE: Thirst, stomach upset, tremor in hands, acne-like rash, swelling, sedation, thyroid condition. **REQUIRES REGULAR BLOOD TESTING.**

- b. Depakote/valproate

SIDE EFFECTS MAY INCLUDE: Tremor, stomach upset, easy bruising, hair loss, weight gain and sedation. **REQUIRES REGULAR BLOOD TESTING.**

- c. Carbamazepine

SIDE EFFECTS MAY INCLUDE: Sedation, reduced WBC, clumsiness, Rash. **REQUIRES REGULAR BLOOD TESTING**

- d. Lamictal/lamotrigine

SIDE EFFECTS MAY INCLUDE: Rash, Sedation, and Insomnia.

IF RASH DEVELOPS *STOP MEDICATION* AND NOTIFY STAFF IMMEDIATELY!

- 3) **Neuroleptics (typical and atypical):** This class of medication is used to treat hallucinations (hearing or seeing things) and delusions. The atypical neuroleptics may also be used for bipolar disorder alone or in combination with other medications.

- a. **Typical neuroleptics** (Haldol/haloperidol, Prolixin/fluphenazine, Trilafon/perphenazine, Stelazine/trifluoperazine, Loxitane/loxapine, Navane/thiothixene)

SIDE EFFECTS MAY INCLUDE: sedation, restlessness, dry mouth, muscle stiffness, tremor, abnormal muscular movements, sexual dysfunction, irregular menstrual periods, and heart irregularities. Your provider will screen regularly for abnormal muscle movements.

- b. **Atypical neuroleptics** (Zyprexa/olanzapine, Clozaril/clozapine, Geodon/ziprasidone, Risperdal/risperidone)

SIDE EFFECTS MAY INCLUDE: sedation, restlessness, dry mouth, muscle stiffness, tremor, abnormal muscular movements, sexual dysfunction, irregular menstrual periods, elevated lipids, elevated blood sugar, heart irregularities. Your provider will screen regularly for abnormal muscle movements. **REQUIRES REGULAR BLOOD TESTING**

- 4) **Antidyskinetics:** This class of medication is used to treat the side effects of shaking or tremors from neuroleptics.

Cogentin/benztropine, Benadryl/diphenhydramine

SIDE EFFECTS MAY INCLUDE: dry mouth, constipation, blurred vision, sedation, urinary retention.

- 5) **Anxiolytics:** This class of medication is used to treat anxiety. It may take up to a month to be effective. Buspar/buspirone

SIDE-EFFECTS MAY INCLUDE: sedation, headache, weakness, GI upset

- 6) **Other Medications/Side-Effects** _____

Psychiatric Progress Note

Date: 3.8.17

Facility _____ Stateville Correctional Center

Offender Name:

Last, First, M.I. GULLEY, LOUISID Number: B18477D.O.B.: 7/30/68

Explain:

Aggressive Behavior Risk:

Explain:

10. Historical Reliability: Reliable Fairly reliable Unreliable Other

11. Narrative Summary and Diagnostic Impressions

(Provide evidence to support diagnosis and any relevant social concerns that contribute to the overall clinical picture. Include current risk assessment, including suicidal/homicidal thinking/plans, impulse control, insight, judgment, historical reliability, reason for diagnostic change or psychotropic medication changes or dosage change.)

48 yo AA Male. Seen for Mtg. Good history denies S/I/HJ thoughts. I/M concerned @ needs making him have stiff muscles (side effect of risperidol)

Based upon today's evaluation:

Since last visit, offender's psychiatric symptoms have: Improved Remained same Worsened **12. DSM Psychiatric Diagnosis**

Schizophrenic

Modified Global Assessment _____ to _____

Based upon diagnosis, Modified GAF and need for supportive services, Offender is designated SMI? Yes No **13. Psychiatric Plan**

AIMS completed today AIMS to be done by RN (if available)

<input type="checkbox"/> Labs	<input type="checkbox"/> CMP	<input type="checkbox"/> BMP	<input type="checkbox"/> CBC+Plts	<input type="checkbox"/> Thyroid Profile	<input type="checkbox"/> Lithium	<input type="checkbox"/> Carbamazepine
<input type="checkbox"/> VPA	<input type="checkbox"/> Lipid Profile	<input type="checkbox"/> A1C	<input type="checkbox"/> EKG	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

Needs medical referral for: _____

Abdominal circumference: _____ BMI: _____ BP/P: _____

Needs MHP referral for: Sleep hygiene Anger management Trauma history Psychometric testing
 Other: (Complete DOC 0387) _____

Illinois Department of Corrections

Psychiatric Progress Note

Date: 3 8 . 17

Facility _____ Stateville Correctional Center

Offender Name:

Last, First, M.I. GULLEY, LOUISID Number: B18477D.O.B.: 7/30/68

- Directly observed therapy with thorough mouth checks due to HX of: _____
- Crush/float all Psychotropics due to Hx of non-compliance Hx of hoarding medications
 Other: _____
- Offender has been given a copy of the Psychotropic Medication Information brochure.
- I have verbally reviewed any medication changes, side-effects, risks and benefits of treatment or refusing treatment with the offender.
- Offender's psychiatric condition is considered chronic and he/she has been psychiatrically stable on the same psychotropic medication(s) at the same dose and has not been on crisis watch for the past 60 days.
- MTP modified today as a result of: Diagnosis change/addition Psychiatric decompensation
 Psychotropic medication dosage/usage: _____
 Other: _____

Recommended Disposition (Level of Care): Continue Refer to: Transfer to: Outpatient Level of Care Residential Treatment Unit Inpatient CrisisResultant Visit Type: Unchanged from Scheduled Visit Type Changed from Scheduled Visit Type

If Resultant Visit Type has changed from Scheduled Visit Type, explain the reason for the change:

14. MEDICATION ORDERS

	Medication	Dosage	Instructions
<input type="checkbox"/> Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/> Start	<u>Risperdal</u> <u>Depakote</u>	<u>2mg</u> <u>1500 mg</u>	<u>HS</u> <u>HS</u>
	Script/order		Use Stock
	<input checked="" type="checkbox"/> Written <input type="checkbox"/> T.O./Verbal or faxed to:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Next Appointment Date: 1mEnd Time: 11:58 AM

Evaluation completed by:

L NATHANMH NP

Print Name

Title

3.8.17

Date

J

Signature

Luis Guley B-18477
D. Box-112 Stateville C.C., IL
illot, Illinois
60434

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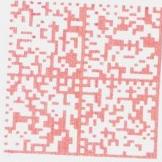
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Judge Edmond E. Chang
Magistrate Judge Daniel G. Martin
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